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BIB DATA SHEET

CONFIRMATION NO. 1853

| 10/580,218 | 18 05/22/2 | | 006 | | CLASS 042 | GR | ROUP ART UNIT 3641 | | ATTORNEY DOCKET NO. 5326-17 | |
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| RULE | | | | | | | | | | |
| APPLICANTS | | | | | | | | | | |
| | | Salva, Sant E | | | t, SPAIN; | | | | | |
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| ** IF REQUIRE 10/04/200 | | EIGN FILING | LICENSI | E GRA | ANTED ** ** SMA | LL E | NTITY ** | | | |
| Foreign Priority claimed Yes No 35 USC 119(a-d) conditions met Yes No Met after Allowance | | | | STATE OR COUNTRY | | HEETS TOT. | | | INDEPENDENT CLAIMS | |
| Verified and /MICHELLE RENEE CLEMENT/ | | | | SPAIN | 1 10 | | | 1 | | |
| Acknowledged 7 | zxammers o | griature | irikiais | | | | | | | l |
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| TITLE | | | | | | | | | | |
| Protective | cover f | or sporting rif | les | | | | | | | |
| | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: | | | | | ☐ All Fees | | | | |
| | | | | | | 1.16 Fees (Filing) | | | | |
| | | | | | | 1.17 Fees (Processing Ext. of time) | | | | |
| | | | | | | 1.18 Fees (Issue) | | | | |
| | | | | | | Other | | | | |
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